NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
CHILD PROTECTIVE SERVICES REPORT
REPORT TO CENTRAL REGISTRY/CPS APPLICATION

Form # _____
enter # assigned by system

1. County	2. Cty Case Number	3. Case Manager Name, Last	FI	MI	4. Case Manager Number

5. Date of Initial Report	6. Date Assessment Initiated	7. Date of Case Decision	8. Risk Assess Rating	9. Request for Assistance
			☐ L = Low M = Medium N = N/A H = High	

10. Child ID	11. Child Name, Last	Child Name, First	MI	12. Social Security Number

13. Date of Birth	14.Sex	15. Race	16. Sch	17. Gr	18.Lv Ar	19. Special Areas	20. Source of Referral(s)	21. Juv	22. Cri	23. Perp Rel	24. Post Svcs
								☐	☐		

25. Failure to Rpt Source

26. Failure to Report Reason (select all that apply)

- ☐ Did not want to get involved/Family matters/Religious beliefs
- ☐ Did not know how to report
- ☐ Thought it would be a breach of confidentiality
- ☐ Thought DSS would not respond
- ☐ Thought someone else would report it/Better handled by other resource or service
- ☐ Did not consider actions inappropriate/Disbelief of possible allegations
- ☐ Fear of Retaliation/Financial distress
- ☐ Other/Refused to say/Unknown

27. Contributory Factors-Order By Priority (number all that apply for caretaker, child and household separately)

- ___ Caretaker - Alcohol Abuse
- ___ Caretaker - Drug Abuse
- ___ Caretaker - Mental Retardation
- ___ Caretaker - Emotionally Disturbed
- ___ Caretaker - Visually or Hearing Impaired
- ___ Caretaker - Learning Disability
- ___ Caretaker - Physically Disabled
- ___ Caretaker - Other Medical Condition
- ___ Caretaker - Lack of Child Dev. Knowledge
- ___ None of These Apply For This Child
- ___ Child - Alcohol Problem
- ___ Child - Drug Problem
- ___ Child - Mental Retardation
- ___ Child - Emotionally Disturbed
- ___ Child - Visually or Hearing Impaired
- ___ Child - Physically Disabled
- ___ Child - Behavior Problem
- ___ Child - Learning Disability
- ___ Child - Other Medical Condition
- ___ Household - Domestic Violence
- ___ Household - Inadequate Housing
- ___ Household - Financial Problem
- ___ Household - Public Assistance

28. Type Reported ___

29. Maltreatment Type Reported (number all that apply based on priority of maltreatment type reported)

ABUSE	NEGLECT
___ Physical	___ Improper Supervision
___ Emotional	___ Improper Care
___ Sexual	___ Improper Disc (No Injuries)
___ Delinquent Acts Involving Moral Turpitude	___ Improper Disc (Injuries)
___ Human Trafficking (Sexual)	___ Injurious Environment
___ Human Trafficking (Labor)	___ Injurious Environment (DV)
___ No Alledged Maltreatment For This Child	___ Injurious Environment (SA)
	___ Abandonment
	☐ Safe Surrender
	___ Improper Med/Rem Care
	___ Adoption Law Violation

30. Type Found ___ 31. Findings Reason ___

32. Maltreatment Type Found (number all that apply based on priority of maltreatment type reported.)

ABUSE	NEGLECT
___ Physical	___ Imp. Supervision
___ Emotional	___ Imp. Care
___ Sexual	___ Imp. Disc (No Injuries)
___ Delinquent Acts Involving Moral Turpitude	___ Imp. Disc (Injuries)
___ Human Trafficking (Sexual)	___ Inj. Environment
___ Human Trafficking (Labor)	___ Inj. Environment (DV)
	___ Inj. Environment (SA)
	___ Abandonment
	☐ Safe Surrender
	___ Imp. Med/Rem Care
	___ Adopt. Law Violation

33. Perpetrator Name, Last	Perpetrator Name, First	MI	34. Date of Birth	35. Age	36. Race	37. Sex	38. Social Security No	39.RIL	40.Mil

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41. Child Care Group Home/Institution